



AUG-13-07 MON 04:01 PM WOMBLE RTP

FAX NO. 9194842340

P. 04

PTO/SB/17 (07-07)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010)**FEE TRANSMITTAL**  
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,730.00

**Complete if Known**

Application Number	10/747,671
Filing Date	December 30, 2003
First Named Inventor	K.V.S. Rao, et al.
Examiner Name	R. J. Henley, III
Art Unit	1614
Attorney Docket No.	C261 1050.1 (51081.0005.4)

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)  
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_ - 20 or HIP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HIP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_ - 3 or HIP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HIP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
____ - 100 = _____	____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Issuance Fee \$1,400; Publication Fee \$300; Advance Order Copies \$30

**SUBMITTED BY**

Signature

*David S. Gradin*Registration No.  
(Attorney/Agent) 37,783

Telephone 919-484-2382

Name (Print/Type) David S. Gradin

Date August 13, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P. 01

**WOMBLE  
CARIYE  
SANDRIDGE  
& RICE**

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LIABILITY COMPANY

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## FACSIMILE

August 13, 2007

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Please find attached:

Part B - Fee Transmittal Form - 1 page;  
Comments on Statement of Reasons for Allowance - 1 page  
Fee Transmittal Sheet - 2 pages

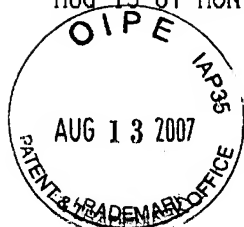
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Regards,

David S. Bradin

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WCSR 3577465v1



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/747,671	Confirmation No. 1554
Application of: K. V. S. RAO, et al.	Group Art Unit: 1614
Filing Date: December 30, 2003	Examiner: HENLEY, III, R. J.
Title: Method and Composition for Treating Osteoporosis	Docket No. C261 1050.1 Customer No. 26158

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCEVIA FACSIMILE NO.: 571-273-2885

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant acknowledges the Examiner's stated reasons for allowance, but Applicant does not concede or admit that the Examiner's stated reasons are accurate or apply to all the claims, nor that the stated reasons are the only reasons for allowability of the claims.

Respectfully submitted,

David S. Bradin  
Reg. No. 37,783  
Attorney for Applicant

Date: August 13, 2007

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WCSR 3677333v1